

Case Number:	CM14-0043191		
Date Assigned:	07/02/2014	Date of Injury:	09/22/1999
Decision Date:	09/24/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 59 year old female presenting with chronic pain following a work related injury on 09/22/1999. The claimant is being treated for failed neck surgery with cervical radiculopathy. On 11/11/2013, the claimant reported pain a 6/10. The claimant has previously tried physical therapy and acupuncture which provided minimal or temporary pain relief. The physical exam revealed limited cervical range of motion, spasm and twitching of the muscle bellies on deep palpation of the trapezius and levator scapula muscles, on ipsilateral rotation with flexion, radicular pain elicited into the arm. The claimant was diagnosed with cervical radiculopathy. A claim was placed for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycontin 60mg by mouth (PO) twice a day (BID) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycontin 60mg by mouth (PO) twice a day (BID) #60 is not medically. Per page 79 of the MTUS guidelines states that weaning of opioids are recommended if (a) there are

no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.